

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a
07327
Reg. Dist. No. 192

1. PLACE OF DEATH:

County Howard
City or town West Friendship
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Howard
City or town West Friendship
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Bertha May Amoss
4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Charles R. Amoss

7. Birth date of deceased (mo., day, yr.) May 5, 1866 6.(c) If alive, give age years

8. AGE: Years 82 Months 2 Days 17 If less than one day hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business At home

12. Name Daniel L. Holtz

13. Birthplace Md.

14. Maiden name Louise Teymore

15. Birthplace Md.

16. Informant Charles O. Amoss

Address West Friendship, Md.

17. Burial Date thereof July 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount View

Location Howard Co. Md.

18. Funeral director C. Harry Keen

Address Sykesville Md.

19. July 24 19 48 Alice H. Hebl
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 19 48 at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 2 19 47 to July 22 19 48

and that I last saw h er alive on July 21 19 48

Immediate cause of death

Uremia DURATION 2 wks

Due to Nephrosclerosis 5 yrs

Due to Generalized arteriosclerosis 10 yrs

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles S. Whitaker, M.D.
M.D. or other
Address Clarksville, Md. Date signed 7-23-48

MARGIN RESERVED FOR BINDING

I

VS A15 19-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Howard
 City or town West Friendship
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Balto
 City or town Phoenix
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Clara Myers Dodson

3.(b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Otis Glen Dodson

7. Birth date of deceased (mo., day, yr.) 1929 6.(c) If alive, give age _____ years

8. AGE: Years 19 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore Co. Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown
 13. Birthplace "
 14. Maiden name "
 15. Birthplace "

16. Informant Claude Dodson
 Address Phoenix

17. Burial Date thereof 7-18-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Poplar Grove
 Location Cockeysville Md

18. Funeral director Sanderson in Brooks
 Address Spaulds, Md

19. 7-17-48 Registrar R. C. Amos
 (If not by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17-48 at 2³⁰ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-17-48 to 7-17-48 and that I last saw him alive on no date 1948

Immediate cause of death Incineration DURATION instant

Due to auto accident

Due to _____

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7-17-48

Where did injury occur? West Friendship Howard Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public Highway Route #40

Means of Injury Auto Accident Injured at work? no

23. SIGNATURE George E. Buntorf M.D.
 Acting Deputy Medical Examiner John D. ...
 Address Ellicott City, Md. Date signed 7-17-48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County.....Howard
 City or town.....West Friendship
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....18 months
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....Md County.....Baltimore
 City or town.....Phoenix
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....✓

3. (a) FULL NAME

Claude Elliott Dodson

3. (b) Social Security Number

4. Sex.....M 5. Color or race.....W 6.(a) Single, married, widowed, or divorced.....Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....April 19, 1934
 8. AGE: Years.....14 Months.....2 Days.....28 If less than one day..... hrs..... min.....

9. Birthplace.....Baltimore Co. Md
 (Town, county, and state)
 10. Usual occupation.....Student
 11. Industry or business.....
 12. Name.....Claude F. Dodson
 13. Birthplace.....Va
 14. Maiden name.....Dora Worley
 15. Birthplace.....Va

16. Informant.....Claude F. Dodson
 Address.....Phoenix Md
 17. Burial.....Burial Date thereof.....7-18-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory.....Poplar Grove
 Location.....Cockeysville Md.
 18. Funeral director.....Samuel M. Brooks
 Address.....5p only Md
 19. 7-17-48 Registrar.....R. C. ...

MEDICAL CERTIFICATION

20. DATE OF DEATH.....7-17 1948, at 2:30 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7-17 1948, to 7-17 1948
 and that I last saw him alive on no date 19.....
 Immediate cause of death.....Incineration
 Due to.....Auto accident
 Due to.....
 Other conditions.....none
 (Include pregnancy within 3 months of death)
 Major findings of operations.....none
 Date of op.....
 Autopsy results.....none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide.....Accident Date of.....7-17-48
 Where did injury occur? West Friendship Howard Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Public Highway Route 70
 Means of Injury Auto Accident Injured at work? no

23. SIGNATURE.....George E. Burdette M.D.
 acting Deputy Registrar
 Address.....Ellen City Md. Date signed.....7-17-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County HowardCity or town West Friendship
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Transient

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltoCity or town Phoenix
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war. ✓

3. (a) FULL NAME

Exie Ola Dodson

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

FWSingle

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 19308. AGE: Years Months Days If less than one day
18 1 23 hrs. min.9. Birthplace Franklin Co. Va.
(Town, county, and state)10. Usual occupation High School

11. Industry or business

12. Name Claude F. Dodson13. Birthplace Va14. Maiden name Dora Worley15. Birthplace Va16. Informant Claude DodsonAddress Phoenix Md.17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-18-48
(month) (day) (year)Cemetery or crematory Poplar GroveLocation Cockeysville, Md18. Funeral director London M. BowlesAddress Sparks, Md19. 7-17-48 R. W. ...
(registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 19 48 at 2 30 a. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-17 19 48 to 7-17 19 48and that I last saw h. P.R. alive on no date 19Immediate cause of death Incurration

DURATION

instantDue to Auto accident

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Accident Date of 7-17-48Where did injury occur? West Friendship Howard Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public Highway Route 40Means of injury auto accident Injured at work? no23. SIGNATURE George E. Bengtson M.D.acting deputy Medical Examiner M. D. Howard Co.Address Ellicott City, Md. Date signed 7-17-48

MARGIN RESERVED FOR BINDING

VS A15 9-25-13M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. *MI*

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

07331

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Howard
 City or town..... West Friendship
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Permanent
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Md County..... Balto
 City or town..... Phoenix
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

Otis Glen Dodson

3. (b) Social Security Number

4. Sex..... M 5. Color or race..... W 6.(a) Single, married, widowed, or divorced..... Married
 B.(b) Name of husband or wife..... Clara Myers Dodson
 B.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... March 18, 1928
 8. AGE: Years..... 20 Months..... 3 Days..... 29 If less than one day..... hrs. min.

9. Birthplace..... Franklin Co. Va
 (Town, county, and state)
 10. Usual occupation..... Painter
 11. Industry or business
 12. Name..... Claude F. Dodson
 13. Birthplace..... Va
 14. Maiden name..... Dora Worley
 15. Birthplace..... Va

16. Informant..... Claude F. Dodson
 Address..... Phoenix Md

17. Burial Date thereof..... 7-18-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Poplar Grove
 Location..... Cockeysville Md

18. Funeral director..... London M Brooks
 Address..... Sparks, Md

19. 7-17 19..... R. Williams
 Registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 7-17 19..... 48 at..... 2³⁰ A. M
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from..... 7-17 19..... 48 to..... 7-17 19..... 48
 and that I last saw him alive on..... no date 19.....

Immediate cause of death..... Incineration
 DURATION..... Instant

Due to..... Auto Accident

Due to.....

Other conditions..... none

(Include pregnancy within 3 months of death)

Major findings of operations..... none

..... Date of op.

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Accident Date of..... 7-17-48

Where did injury occur?..... West Friendship Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Public Highway - Rt #40

Means of injury..... accident Injured at work?..... no

23. SIGNATURE..... George E. Burgeton M.D.

acting Deputy Medical Examiner - for West Co.

Address..... Elliot City Md Date signed..... 7-17-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07332

190

1. PLACE OF DEATH:

County Howard
 City or town Elkridge (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 yrs.
 Hospital, institution, or street address where death occurred:
Montgomery Rd.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Howard
 City or town Elkridge (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Montgomery Rd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Florence Virginia Feltz

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Godfrey Feltz
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Feb. 14, 1873
 8. AGE: Years 75 Months 4 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Martinsburg W. Va.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business
 12. Name James Monroe Shipley
 13. Birthplace Unknown
 14. Maiden name Mary Kern
 15. Birthplace West Virginia
 16. Informant Monroe S. Feltz
 Address Cleveland Hts. Ohio
 17. Burial Date thereof July 12 '48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Meadowridge
 Location Elkridge Howard Co.
 18. Funeral director C. B. Neer
 Address Lykeville Md.

19. July 10 19 48 (Date rec'd by registrar)
(Miss) E. Bird Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 19 48 at 11:30 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 4 19 48 to July 9 19 48
 and that I last saw him alive on July 9 19 48

Immediate cause of death acute coronary occlusion DURATION 7 days
 Due to chronic myocarditis, no.
 Due to arteriosclerosis 50 yrs.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE B. B. Cunningham M. D. or other _____

Address Elkridge Md. Date signed 7/15/48

RECEIVED
JUL 12 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Ellicott City (rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)Street No. Waterloo Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Robert Fleming

3. (b) Social Security Number

249-09-6502-7

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MCSingle

B. (b) Name of husband or wife

B. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

1881

8. AGE:

Years

Months

Days

If less than one day

67

hrs.

min.

9. Birthplace Manning South Carolina
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Robert Fleming13. Birthplace S.C.

MOTHER

14. Maiden name Unknown15. Birthplace II16. Informant Dorothy RichardsonAddress Ellicott City, Md17. Burial Date thereof 7-18-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory ManningLocation Manning South Carolina18. Funeral director F.C. HiginbothamAddress Ellicott City, Md.19. July 15, 1948 John B. Loughran
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1948 at 7¹⁰ P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 11 1948 to July 11 1948and that I last saw him alive on at my home 19

Immediate cause of death

DURATION

Hypertension Cardiovascular
Artery 10 yrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

M. D. or other

Address Ellicott City, Md. Date signed 7-11-48

RECEIVED

JUL 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County... Howard
 City or town... Ellicott City
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 34 days
 Hospital, institution or street address where death occurred:
Pinecl Clinic
 How long in hospital or institution? 34 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Virginia County... Alexandria
 City or town... Alexandria
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 321 Duke Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war ☒

3. (a) FULL NAME

Edward Aloysius Gorman, M.D.

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife Mary J. Gorman
 7. Birth date of deceased (mo., day, yr.) September 22, 1872 6. (c) If alive, give age _____ years
 8. AGE: Years 75 Months 9 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Alexandria Virginia
 (Town, county, and state)
 10. Usual occupation Physician
 11. Industry or business _____
 12. Name Patrick F. Gorman
 13. Birthplace Ireland
 14. Maiden name Annie M. Serimond
 15. Birthplace Alexandria, Virginia
 16. Informant Edward A. Gorman, Jr.
 Address 321 Duke St. Alexandria, Va.
 17. Burial Burial Date thereof July 22, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory St. Mary's Cemetery
 Location Alexandria, Virginia
 18. Funeral director William Deshaire & Son
 Address Alexandria, Virginia
 19. July 22, 1948 John B. Loughman, Registrar
 (Date rec'd by registrar) (month) (day) (year)

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 19, 1948 at 7:10 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14, 1948 to July 19, 1948
 and that I last saw him alive on July 19, 1948
 Immediate cause of death Cardiac collapse DURATION 1 hour
 Due to Intestinal obstruction 2 days
 Due to Malignancy ?
publicly fatal of origin
 Other conditions Arteriosclerosis & psychosis 6 weeks
 (Include pregnancy within 3 months of death)
 Major findings of operations none performed Date of op. _____
 Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Irving J. Taylor, M.D. M.D. or other _____
Ellicott City, Md. Address _____ Date signed 7/19/48

RECEIVED

JUL 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07335

199

1. PLACE OF DEATH:

County HowardCity or town Colesville Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HowardCity or town Colesville
(If outside city or town limits, write RURAL and give nearest town)Street No. Box 16 Laurel Md.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sidney Hall

3. (b) Social Security Number

4. Sex Male5. Color or race Colored6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Carrie Hall7. Birth date of deceased (mo., day, yr.) Dec 22 18946. (c) If alive, give age 59 years8. AGE: Years 53 Months 7 Days 27 If less than one day9. Birthplace Colesville Howard Co Md
(Town, county, and state)10. Usual occupation Laborer on R.R.11. Industry or business R.R.12. Name Mose Hall13. Birthplace Virginia14. Maiden name Emma Boston15. Birthplace Maryland16. Informant Carrie HallAddress Box 16 Laurel Md.17. Burial Date thereof July 19 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Snelltown CemeteryLocation Howard Co.18. Funeral director Ridgley SelbyAddress 401 Wash. Ave Laurel MdDate rec'd by registrar 7/18/48

19. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1948 at 4:00 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-27-1948 to 7-16-1948and that I last saw him alive on 3-23-1948Immediate cause of death Chr. Myocarditis1 Hypertension DURATION 5 yr.Chr. NephritisDue to Chr. Alcoholism

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B P Warner M. D. or otherAddress Laurel Md Date signed 7-18-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07330

1. PLACE OF DEATH:

County HowardCity or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 days

Hospital, institution, or street address where death occurred:

1807 Montgomery Rd

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore CityCity or town Baltimore City
(If outside city or town limits, write RURAL and give nearest town)Street No. 1027 Desoto Rd
(If rural, give LOCATION)2.(a) If veteran, name war none ✓

3. (a) FULL NAME

Helen Marie Hastings

3. (b) Social Security Number

217-20-22094. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Walter Hastings7. Birth date of deceased (mo., day, yr.) June 6 1904 6.(c) If alive, give age 41 years8. AGE: Years 44 Months 4 Days 1 It less than one day hrs. min.9. Birthplace Baltimore Md.
(Town, county, and state)10. Usual occupation domestic11. Industry or business housewife12. Name Ernest Haines13. Birthplace Baltimore Md14. Maiden name Mary Annand15. Birthplace Baltimore Md16. Informant Mr. Walter H. HastingsAddress Montgomery Rd Elkridge 27 Md17. Burial Date thereof July 10, 1948
(Burial, cremation, or removal) (Which?) (month) (day) (year)Cemetery or crematory London ParkLocation Baltimore Md18. Funeral director S. Yester CorpAddress 5503 main St. Catonsville (27) Md19. 79 48 He H. H. H. H.
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948 at 1:10 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22 1948 to July 7 1948 and that I last saw him alive on July 7 1948

Immediate cause of death

Carcinoma ofuterusDue to metastasisDue to myocardialinfarctionOther conditions Emphysema

DURATION

9 mo2 wks

(Include pregnancy within 3 months of death)

Major findings of operations uterine carcinomametastatic Date of op. June 24

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of July 7

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. B. Brumby M. D. or otherAddress 5503 main St. Catonsville 27 Md Date signed 7/7/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:

County HowardCity or town Simpsonville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Simpsonville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Wesley Henson

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

C

6.(a) Single, married, widowed, or divorced

Widower6.(b) Name of husband or wife Laura Bruce Henson

7. Birth date of

deceased (mo., day, yr.)

January 15, 1870

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

7866

hrs.

min.

9. Birthplace Howard Co., Md
(town, county, and state)10. Usual occupation Retired

11. Industry or business

FATHER

12. Name Unknown13. Birthplace II

MOTHER

14. Maiden name Caroline Henson15. Birthplace Md16. Informant Catherine JonesAddress Simpsonville Md17. Burial Date thereof 7-24-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Locust ChapelLocation Atholton Md18. Funeral director F.C. HiginbothamAddress Ellicott City Md.19. 7-22 1948
(Date rec'd by registrar)Maria G. Whitaker
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1948 at 3:40P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 10 1948 to July 21 1948and that I last saw him alive on July 21 1948

Immediate cause of death

acute cardiac failure

DURATION

3 daysDue to coronary sclerosis 15 yearsDue to generalized arteriosclerosis 15 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

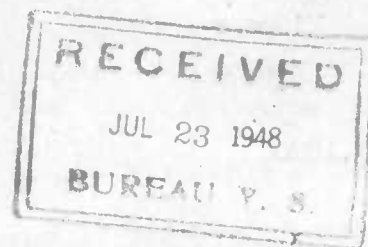
Means of injury

Injured at work?

23. SIGNATURE Charles S. Whitaker, M.D.

M. D. or other

Address Clarksville Date signed 7-22-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07338

Reg. Dist. No.

195

1. PLACE OF DEATH:

County... HarwardCity or town... Savage
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?... 60 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD County... HarwardCity or town... Savage
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Edward Morgan Lilly

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife... Lily F. Lilly

6.(c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 18888. AGE: Years 61 Months 7 Days 14 It less than one day

hrs. min.

9. Birthplace... Harward Co. Maryland
(Town, county, and state)10. Usual occupation... Superman11. Industry or business... U.S. Gov't Printing Office12. Name... Zachariah Lilly13. Birthplace... Maryland14. Maiden name... Eugenia Keiney15. Birthplace... Georgia16. Informant... Mr. Lily F. LillyAddress... Savage, Md.17. Burial Date thereof... July 28, 1948
(Burial, cremation, or removal? Which?) (month) (day) (year)Cemetery or crematory... SavageLocation... Savage, Md.18. Funeral director... W. With DavidsonAddress... Laurel, Md.19. 7/26/48 19. Shankshiller
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 26, 1948 at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 19, 1948 to July 26, 1948and that I last saw him alive on July 26, 1948Immediate cause of death... Carcinoma of lower 1/3 of esophagusDURATION 9 monthsDue to... Primary

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

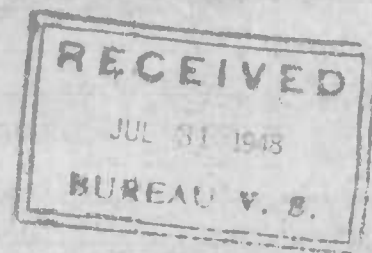
Accident, suicide, or homicide... Date of

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE... Shepherd, M.D.Address... Laurel, Md. M.D. or otherDate signed... 7/26/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07339

Reg. Dist. No. 17-190

1. PLACE OF DEATH:

County Howard
 City or town Eickbridge
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Georgia County Fulton
 City or town Atlanta
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 800 Falls Meade Ave
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles Leonard Markham

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Cora Lee Medley

7. Birth date of deceased (mo., day, yr.)

Oct 9, 1889

5. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

589hrs.min.9. Birthplace Birmingham Ala.

(Town, county, and state)

10. Usual occupation Sheet Metal Worker

11. Industry or business

12. Name John Thos. Markham13. Birthplace Georgia14. Maiden name Marnie E. Humphreys15. Birthplace Ala.16. Informant Cora Lee MarkhamAddress 800 Falls Meade Ave Atlanta Ga.17. Burial Date thereof 7-17-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory West View CemeteryLocation Atlanta Georgia18. Funeral director F.C. NeigubothamAddress Emmett City Md.19. July 14, 1948 John B. Longhouse

(Date rec'd by registrar)

Registrar

(Marnie E. Bird Williams) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 19 48 at 3:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 14 19 48 to July 14 19 48and that I last saw him alive on at 2:00 PM 19 48

Immediate cause of death

Fracture of Cervical vertebrae

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7-14-48Where did injury occur? Elberton Howard Md

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) HighwayMeans of injury Auto accident Injured at work? No

23. SIGNATURE

Alpha N Herbert MD

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

Address Elberton City Md Date signed 7-15-48

Charles L. Markam

RECEIVED

JUL 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County HowardCity or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 yrs

Hospital, institution, or street address where death occurred:

Montgomery Rd

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HowardCity or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Montgomery Rd
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Alphonsa Margaret Miller

3. (b) Social Security Number

none4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Frank J. Miller6.(c) If alive, give age 48 years7. Birth date of deceased (mo., day, yr.) Aug 2 18808. AGE: Years 67 Months 11 Days 1 If less than one day

hrs. min.

6. Birthplace Elkridge, Howard Co, Md
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Housewife12. Name Henry Otten13. Birthplace Howard Co. Md14. Maiden name Alphonsa Mary West15. Birthplace Unknown16. Informant Miss Regina MillerAddress Elkridge, Howard Co. Md17. (Burial, cremation, or removal, Which?) July 3, 1948
(month) (day) (year)Cemetery or crematory St. Mary's CemeteryLocation Elkridge, Maryland18. Funeral director Easton FordAddress Ellicott City, Maryland19. (Date filed by registrar) July 2 194820. (Date of death) July 1 194821. (Cause of death) Chronic Pulmonary Tuberculosis22. (Other conditions) Myocardial Infarction23. (Signature) BB Brumbaugh24. (Address) Elkridge, Md25. (Date signed) 7/1/48

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1948 at 6 55 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 1948 to July 1 1948and that I last saw her alive on June 30 1948Immediate cause of death Chronic Pulmonary TuberculosisDURATION 2 yrsDue to Myocardial InfarctionDURATION 2 moDue to Chronic Pulmonary TuberculosisDURATION 2 yrsOther conditions Chronic Pulmonary Tuberculosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE BB Brumbaugh

M. D. or other

Address Elkridge, MdDate signed 7/1/48

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

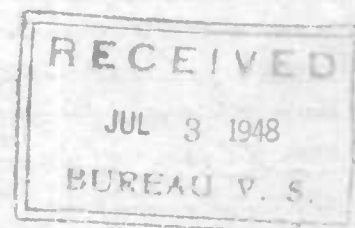
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191195

1. PLACE OF DEATH:

County HowardCity or town Savage
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town Washington D.C.
(If outside city or town limits, write RURAL and give nearest town)Street No. 1717 T Street N.W.
(If rural, give LOCATION) ✓

2.(a) If veteran, name war _____

3. (a) FULL NAME

Earline Nelson

3. (b) Social Security Number

?

4. Sex

f.

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 13, 1923

8. AGE:

Years

Months

Days

If less than one day

24712

hrs.

min.

9. Birthplace Virginia
(Town, county, and state)10. Usual occupation Clerk11. Industry or business Government12. Name Japheth Nelson13. Birthplace Va14. Maiden name Lillian Brown15. Birthplace Va16. Informant George NelsonAddress 2015 13th Street NW Washington, D.C.17. Burial
(Burial, cremation, or removal. Which?)Date thereof 7-28-48
(month) (day) (year)Cemetery or crematory New HopeLocation Esmont Va18. Funeral director F.C. HiginbothamAddress Ellicott City, Md.19. July 26, 1948
(Date rec'd by registrar)John B. Loughman
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-25-48 19 48 at 10³⁰ P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7-25-48 19 48 to 7-25-48 19 48and that I last saw h. ER alive on no date 19 _____

Immediate cause of death

fracture of skull at base

DURATION

instantDue to auto accident

Due to _____

Other conditions fracture of left mandible
multiple contusions
(Include pregnancy within 3 months of death)instantinstantMajor findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7-25-48Where did injury occur? Near Savage Howard Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) U.S. Route #1Means of injury Auto collision Injured at work? no23. SIGNATURE George E. Burdick M.D.
Acting Deputy Medical Examiner M.D. or other Howard Co. Md.
Address Ellicott City Md. Date signed 7-25-48

RECEIVED

JUL 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County HowardCity or town Edwards
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.) Aug 7, 1871

8. AGE:

years

Months

Days

if less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

19. July 30

1948 (Miss) E. King Willison

Registrar

Address

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MDCounty HowardCity or town Edwards

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5419 Main St.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 29th19 48 at 7:50 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19, 1948to July 29, 1948and that I last saw him alive on July 29, 1948

Immediate cause of death

Cerebralhemorrhage - probably

DURATION

10 days

Due to

Arterio sclerosishypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frederick V. Lester

Address

723 Medical Arts BldgBaltimore

M. D. or other

Date signed 7-30-48

RECEIVED

AUG 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County.....Howard
 City or town.....Woodstock
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....20 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....M.D. County.....Howard
 City or town.....Woodstock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

John Conway Robinson

3. (b) Social Security Number

4. Sex.....Male 5. Color or race.....white 6. (a) Single, married, widowed, or divorced.....widowed
 6. (b) Name of husband or wife.....Jane Dorey Robinson
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....Feb'y 14, 1874
 8. AGE: Years.....74 Months.....5 Days.....— It less than one day..... hrs. min.

9. Birthplace.....Balto. Md.
 (Town, county, and state)
 10. Usual occupation.....Electrical Engineer
 11. Industry or business....."
 12. Name.....Mrs. Leslie
 13. Birthplace.....Wilmington Del.
 14. Maiden name.....Ann Conway
 15. Birthplace.....Balto.

16. Informant.....Margaret D. Robinson
 Address.....Woodstock Md.
 17. (Burial, cremation, or removal, Which?).....Cremation Date thereof.....July 16, 48
 (month) (day) (year)
 Cemetery or crematory.....London Park
 Location.....3801 Frederick Ave
 18. Funeral director.....John O. Mitchell Sons
 Address.....1900 Eutaw Place
 19. 7/15 1948 D.W. Hedrick
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....15 July 1948 at 2:10 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
10 June 1947 to 15 July 1948
 and that I last saw him alive on 14 July 1948
 Immediate cause of death.....Cerebral Hemorrhage DURATION.....Immediate
 Due to.....Hypertensive Cardio-Vascular Disease 10 years
 Due to.....Unmild Arteriosclerosis ?
 Other conditions.....—
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of Injury..... Injured at work?.....

23. SIGNATURE.....William F. Fassaway M.D. M.D. or other
 Address.....W. 10th St., Md. Date signed.....7-15-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH:

County HowardCity or town Alpha
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn Infants give residence of mother)

State MD County HowardCity or town Alpha
(If outside city or town limits, write RURAL and give nearest town)Street No. Marriottville P.O.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John. Frederick Sherman

3. (b) Social Security Number

#

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife Pearl Marie Sherman

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1882

8. AGE:

6580hrs. min.9. Birthplace Virginia
(Town, county, and state)10. Usual occupation Sherman

11. Industry or business

12. Name William Sherman13. Birthplace Va.14. Maiden name Johnson15. Birthplace Va.16. Informant Frederick ShermanAddress Marriottville, MD17. Burial Date thereof July 30, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory mt. View CemeteryLocation Howard Co., MD18. Funeral director C. Harry WierAddress Sykesville, MD19. July 29 19 48
(Date used by registrar)Registrar W. Leach

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 July 19 48, at 3 A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 February 19 48, to 27 July 19 48and that I last saw him alive on July 27 19 48Immediate cause of death Coronary Occlusion

DURATION

ImmediateDue to Coronary + JuncutagedArteriosclerosisDue to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William F. Jassauy M.DAddress Whitt City, MD M.D. or otherDate signed 7-27-48

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

AUG 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County Howard
City or town Elbridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 38 yrs
Hospital, institution, or street address where death occurred:
Waterloo Rd
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Howard
City or town Elbridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. Waterloo Rd
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME

Grace May Somerville

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Geo H. Somerville

7. Birth date of deceased (mo., day, yr.) June 26 1890 8.(c) If alive, give age 60 years

8. AGE: Years 38 Months 0 Days 7 If less than one day
hrs. min.

9. Birthplace Baltimore City Md
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business House wife

12. Name Herb and Ruby

13. Birthplace Baltimore Md

14. Maiden name Amelia Dague

15. Birthplace Baltimore Md

16. Informant Mrs Ruth Triplett (Daughter)

Address Waterloo Rd, Elbridge 27 and

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 7-6-48
(month) (day) (year)

Cemetery or crematory Carleton Park

Location Baltimore Md

18. Funeral director F.C. Nejaubotham

Address Elmwood City Md

19. (Date rec'd by registrar) 7/3/48 Registrar (Miss) E. Bird

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 3 19 48 at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from birth 19 47 to July 3 19 48

and that I last saw him alive on July 3 19 48

Immediate cause of death acute coronary

occlusion

Due to chr myocarditis

diabetes (mild)

Due to hypertension

hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W.B. Brumbaugh M. D. or other

Address Elbridge Md Date signed 7/3/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Ellicott City, Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)Street No. Oakland Road
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Robert R Thompson4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widower6. (b) Name of husband or wife Velvia Thompson7. Birth date of deceased (mo., day, yr.) November 1 1858 6. (c) If alive, give age _____ years8. AGE: Years 89 Months 8 Days 3 If less than one day _____ hrs. _____ min.9. Birthplace Frederick County, Md
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Phillip Thompson13. Birthplace Md14. Maiden name Mary Crist15. Birthplace Md16. Informant Mrs. Kenneth LordAddress Clarksville, Md17. Burial Date thereof 7-7-49
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. JohnsLocation Ellicott City, Md18. Funeral director F.C. HiginbothamAddress Ellicott City, Md19. July 7, 1948 John B. Loughman
(Date rec'd by registrar) (Signature) Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1948 at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 19, 44 to July 4, 48
and that I last saw him alive on July 3, 1948

Immediate cause of death

Myocardial infarction

DURATION

6 months

Due to

Myocardial infarction

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

John B. Loughman
Ellicott City, Md. M. D. or other 7-6-48
Address _____ Date signed _____

STANDARD
STANDARD CITY

Robert

HOOPER

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JUL 12 1948

BUREAU V. S.

Mr. Kenneth
Mr. J. Edgar

Mr. J.

Mr. J.

Mr. J.

Mr. J.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard
 City or town Waterloo Road, Ellicott City, Route 1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 101 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard
 City or town Ellicott City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Waterloo Road
 (If rural, give LOCATION)
 2.(a) If veteran name war None

3. (a) FULL NAME

ANNIE STASHIA WATKINS

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed or divorced Widow

6.(b) Name of husband or wife William H. Watkins

7. Birth date of deceased (mo., day, yr.) March 1, 1847.
 6.(c) If alive, give age _____ years

8. AGE: Years 101 Months 4 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Howard County, Maryland.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Williams13. Birthplace Maryland14. Maiden name Catherine Henson15. Birthplace Maryland.16. Informant Mrs. Louise DorseyAddress Waterloo Road, Ellicott City, Md.

17. Burial Date thereof July 8, 1948.
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Locust Chapel CemeteryLocation Atholton, Md.18. Funeral director Easton SonsAddress Ellicott City, Md.

19. July 8, 1948 John B. Loughman
 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th, 1948 at 12:10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1940 to July 5, 1948
 and that I last saw him alive on July 4, 1948

Immediate cause of death _____

General Debility
 Due to Age

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) _____

Means of injury _____ Injured at work? _____

Leon Kochman
Ellicott City, Md.

23. SIGNATURE _____ M. D. or other _____

Address _____ (Date signed 7/6/48)

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JUL 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The registrant's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07348

93d

1. PLACE OF DEATH:

County LaurelCity or town Howard Co.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

822 Talbott Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Laurel - Howard Co.City or town Howard Co.
(If outside city or town limits, write RURAL and give nearest town)Street No. 822 Talbott Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Catherine Wood

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Thomas Wood

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

May 13, 1876

8. AGE:

Years

Months

Days

If less than one day

72117

hrs.

min.

9. Birthplace

Upper Marbarlo, Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

Sarah Simmons

15. Birthplace

16. Informant

Mrs. Mary Joyce

Address

1013 Bennett Place

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

7/8/48
(month) (day) (year)

Cemetery or crematory

ST. MARY'S CEMETERY

Location

Laurel, Maryland

18. Funeral director

Charles R. Law

Address

302 Madison Avenue

19.

July 6, 1948
(Date rec'd by registrar)R. W. Hearn
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 5, 1948 at 12:35 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 10, 1946 to July 5, 1948

and that I last saw him alive on

July 1, 1948

Immediate cause of death

Coronary Thrombosis
arteriosclerosis
generalized

Due to

Due to

Other conditions

Chronic Myocarditis
Angina Pectoris
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed

Stephens, M.D.
Laurel, Md.7/5/48